

WILL WORKSHEET

(912) 926-3961

WILL INTERVIEW HRS: ACTIVE MIL/DEP(s)/RESERVISTS: TUESDAY AND THURSDAY 0830-0930

RETIREE/DEP(s): EVERY WEDNESDAY 0830-0930

FOR OFFICIAL USE ONLY WILL# _____ INDEX _____ INTERVIEWER/DATE _____ / _____

PRELIMINARY MATTERS

1. YOUR NAME (YOU USE WHEN SIGNING DOCUMENTS) _____ M/F _____

2. CIRCLE MARITAL STATUS: SINGLE/MARRIED/DIVORCED/CONTEMPLATING DIVORCE OR MARRIAGE/WIDOWED

3. YOUR TELEPHONE NUMBERS: OFFICE _____ HOME _____

4. CIRCLE YOUR STATUS: ACTIVE DUTY/RETIRED/ACTIVE DUTY SPOUSE-FAMILY MEMBER/RETIRED SPOUSE-FAMILY/RESERVISTS

5. YOUR LEGAL RESIDENCE (STATE LISTED ON YOUR L.E.S.): _____, _____
CITY/PARISH STATE

6. NAME OF YOUR SPOUSE: _____

NAME(S) AND AGE(S) OF CHILDREN INDICATE IF ADOPTED (A) OR STEPCHILD (S)

DO YOU WISH TO DISINHERIT ANY OF YOUR CHILDREN?

TO WHOM DO YOU WISH TO LEAVE YOUR PROPERTY?

1. INDIVIDUAL(S) TO RECEIVE ALL MY PROPERTY FIRST:

NAME: _____

RELATIONSHIP: _____ SHARE _____

NAME: _____

RELATIONSHIP: _____ SHARE _____

2. INDIVIDUAL(S) TO RECEIVE MY PROPERTY IF THOSE ABOVE DIE BEFORE I DO (ALTERNATE 1)

NAME: _____

RELATIONSHIP: _____ SHARE _____

NAME: _____

RELATIONSHIP: _____ SHARE _____

TO WHOM DO YOU WISH TO LEAVE YOUR PROPERTY (CONTINUED)

3. INDIVIDUALS NEXT IN LINE TO RECEIVE ALL MY PROPERTY (ALTERNATE 2)

NAME: _____

RELATIONSHIP: _____ **SHARE** _____

NAME: _____

RELATIONSHIP: _____ **SHARE** _____

DO YOU HAVE A SPOUSE OR ANY CHILD NOT MENTIONED ABOVE? YES NO

WHO DO YOU WANT TO REPRESENT YOU? (BE YOUR EXECUTOR)

1. TO DISTRIBUTE YOUR PROPERTY:

NAME: _____

RELATIONSHIP: _____ **STATE OF RESIDENCE** _____

2. TO DISTRIBUTE YOUR PROPERTY IF PERSON ABOVE CANNOT:

NAME: _____

RELATIONSHIP: _____ **STATE OF RESIDENCE** _____

GUARDIANSHIP OF MINOR CHILDREN

IF YOUR CHILDREN ARE MINORS, WHO DO YOU WANT TO APPOINT AS GUARDIAN IF THEIR OTHER LEGAL PARENT PREDECEASES YOU?

1. NAME:_____ **RELATIONSHIP TO YOU**_____

STATE OF RESIDENCE _____

2. ALTERNATE GUARDIANS NAME

RELATIONSHIP TO YOU _____ **STATE OF RESIDENCE** _____

LIVING WILL/MEDICAL POWER OF ATTORNEY/DURABLE GENERAL POWER OF ATTORNEY

1. YOUR ADDRESS: _____

2. NAME OF AGENT TO MAKE DECISIONS FOR YOU:_____

3. ADDRESS OF AGENT _____ **PHONE** _____

4. (OPTIONAL) NAME OF ALTERNATE AGENT_____

5. ADDRESS OF ALT. AGENT _____ **PHONE** _____

6. DO YOU WISH TO BE AN ORGAN DONOR? YES NO

IF SO, DO YOU WISH TO RESTRICT DONATIONS TO TRANSPLANT ONLY? YES NO

7. DO YOU SUFFER FROM A TERMINAL ILLNESS?	YES	NO

8. DO YOU NOW RESIDE IN A NURSING HOME OR OTHER FACILITY? YES NO

9. WOULD YOU PREFER TO DIE AT HOME? YES NO